FREIGHT INVOICE

Carrier Name
123 Logistics Way
Chicago, IL 60601

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

_____
_____
_____

REMIT TO:

_____
_____
_____

LOAD ID _____
PO NUMBER _____
MC NUMBER _____
DRIVER NAME _____
TRUCK / TRAILER _____
EQUIPMENT TYPE _____

ORIGIN (SHIPPER)

_____
Date: _____ Time: _____

DESTINATION (CONSIGNEE)

_____
Date: _____ Time: _____

Description	Quantity	Weight	Rate	Amount
Line Haul - Truckload				
Fuel Surcharge				
Accessorial: _____				
Accessorial: _____				

Subtotal: $ _____
Tax: $ _____
Total Amount Due: $ _____

Notes: _____

Standard terms apply. Please include Invoice Number on all checks and correspondence.